FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002252 (1)

GOOD CALISE MARKETING INC

GOOD GROSE MARKETING	ING.
Principal Place of Business	Mailing Address
19960 NE 15 COURT NORTH MIAMI BEACH FL 33179	19950 NE 15 COURT NORTH MIAMI BEACH FL 33179
2. Principal Place of Business	26. Mailing Address
Sulte, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED Apr 24 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1997 4. FEI Number Applied For 22-3167894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REGAN, JENNIFER ORTIZ 19950 NE 15 COURT ss (P.O. Box Number is Not Acceptable)

N. W. Apt. E 82 **NORTH MIAMI BEACH FL 33179** 83 84 Zip Code 33026 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. of registered agorths dutitle if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETÉ Change Addition TITLE 1.1 TITLE David P. Wrobel WROBEL, DAVID P NAME 1.2 NAME 19 VIKING Drive STREET ADDRESS 1039 N. ERIE AVE. 1.3 STREET ADDRESS **LINDENHURST NY 11757** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETÉ TITLE 2.1 TITLE ☐ Addition **CARTY, JOHN** 2.2 NAME 2512 SYCAMORE AVE. STREET ADDRESS 2.3 STREET ADDRESS WANTAGH NY 11793 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.